

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>09/12/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>19</i>	<i>92500</i>
FORMALITY REVIEW	<i>A.S.</i>	<i>313</i>	<i>10-23-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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